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Bib Data Sheet

CONFIRMATION NO. 8791

<b>SERIAL NUMBER</b> 09/37,875	<b>FILING DATE</b> 10/01/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P01,0337	
<b>APPLICANTS</b> Mart Min, Tallinn, ESTONIA; Andres Kink, Harjumma, ESTONIA; Toomas Parve, Tallinn, ESTONIA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE00/00572 03/23/2000 <i>CHL 5/31/05</i>					
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9901194-2 03/31/1999 <i>CHL 5/31/05</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged: <i>CHL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ESTONIA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26574					
<b>TITLE</b> Rate adaptive pacemaker <i>AND</i> <del>USING</del> <b>IMPEDANCE MEASUREMENTS, STROKE VOLUME CALCULATIONS</b>					
<b>FILING FEE RECEIVED</b> 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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